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APPLICANTS

KEVIN W. CARLEY, ATLANTA, GA;
 LISA MARIE HARRINGTON, DENVER, CO;
 JENNIFER S. DIKEMAN, ATLANTA, GA;
 MEGAN D. MOODY, DENVER, CO;
 MARY M. GREGORY, ATLANTA, GA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/18/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 20	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

29838

TITLE

ERROR AND LOAD SUMMARY REPORTING IN A HEALTH CARE SOLUTION ENVIRONMENT

FILING FEE RECEIVED 1306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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